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SEPARATION ACTION CONTROL SHEET

For use of this form, see AR 635-200; the proponent agency is PERSCOM

NAME *(Last, First, Middle Initial)*

SSN

UNIT

DATE PREPARED

ITEM NO.	ACTION	DATE	DAYS REQUIRED	TOTAL ELAPSED DAYS
1.	Notification to service member of initiation of separation procedures.			
2.	Service member acknowledges receipt of notification.			
3.	Service member indicates election of rights.			
4.	Unit Commander's recommendation for separation forwarded to:			
5.	Separation case received at:			
6.	Actions completed <i>(Specify):</i> and/or case forwarded to:			
7.	Separation case received at:			
8.	Actions completed <i>(Specify):</i> and/or case forwarded to:			
9.	Service member entitled to and elected hearing before Administrative Board. Board convened on:			
10.	Separation case received at:			
11.	Final Disposition <i>(Specify):</i>			
12.	Service member separated from the service.			
13.	Total days required to process case.			

REMARKS